



Acute Behavioural Disturbance in Emergency Departments Guideline

1. Purpose

Behavioural disturbance is the combined physical actions made by an individual which are in excess of those considered to be contextually appropriate and judged to have potential to result in significant harm to the individual themselves, other individuals or property. Acute behavioural disturbance (ABD) is characterised by a rapid onset and severe intensity. Often the behaviour is considered not to be under the voluntary or legally competent control of the individual.¹

The aim during assessment and management of patients with ABD is rapid control of the patient and situation to prevent harm to the patient, staff treating them and other patients and visitors sharing the health setting. This will facilitate further assessment, diagnosis and treatment of the underlying cause(s) and complications of ABD.

The purpose of this guideline is to guide the assessment and management, including sedation, of patients who present to WA Country Health Service (WACHS) emergency departments (EDs) with ABD. It is underpinned by the principles of patient-centred and least restrictive care in accordance with the WACHS [Restraint Minimisation Policy](#).

This guideline is **not** prescriptive; all decisions should be made on clinical grounds including **risk / benefit analysis for individual patients and settings** at the discretion of authorised and appropriately trained medical and / or nursing staff (present on-site or virtually).

2. Guideline

This guideline applies to patients of all ages.

Additional information regarding patient variability considerations can be accessed as follows:

- [Capacity Australia: A guide for Health Care Professional in WA](#) – for assessing the patient's decision making capacity and if needed [WA Hierarchy of Treatment Decision Makers](#)
- Perth Children's Hospital (PCH) [Behavioural Problems Emergency Department Guideline](#)
- WACHS [Cognitive Impairment Clinical Practice Standard](#)
- Caution with compromised medical co-morbidities (e.g. renal impairment).

2.1 Key Points

Aim for least restrictive approach of:

- monitoring for escalating behaviours / arousal
- de-escalation first
- oral sedation offered

- parenteral sedation only if necessary.

Consider risks and benefits for patient, staff and other people in the setting (the safest option **may** be to allow the patient to leave and enlist police to find and return for care).

“Sedate then wait”: sedative onset takes time; allow that.

Tailor the approach, including medication, to the individual.

Ensure consent and / or legal framework for provision of treatment is established and documented in the healthcare record.

2.2 Operational Requirements

To safely manage patients with ABD in the ED, sites should have:

- a proactive and co-ordinated multi-disciplinary and multi-agency response (site doctors and nursing staff, security / police, telehealth services, retrieval / transport services, mental health services)
- appropriately trained and available staff
- a safe environment with:
 - prioritisation of staff safety with well-established local code black response and availability of personal duress alarms and personnel to respond
 - rooms with safe exit strategy
 - immediate access to resuscitation, monitoring and other equipment
- knowledge of legal concepts such as duty of care and doctrine of necessity, and adherence to relevant legislation, especially the:
 - *Mental Health Act 2014 (WA)*. Refer to the *Mental Health Act 2014 (WA)* [Information for Referring Practitioners](#) for guidance
 - *The Guardianship and Administration Act 1990 (WA)*
- awareness that the adverse consequences of treatment of ABD may be physical injury or (rarely) death to the patient, staff or bystanders, as well as psychological trauma to those directly involved in or witnessing the behaviours, and heavy consumption of health care resources.

2.3 Assessing and Managing ABD

Early involvement of mental health, social work, Aboriginal liaison, Alcohol and other drugs (AOD) and / or other teams should be considered, so that as far as possible, assessments and interventions can occur in parallel rather than in sequence.

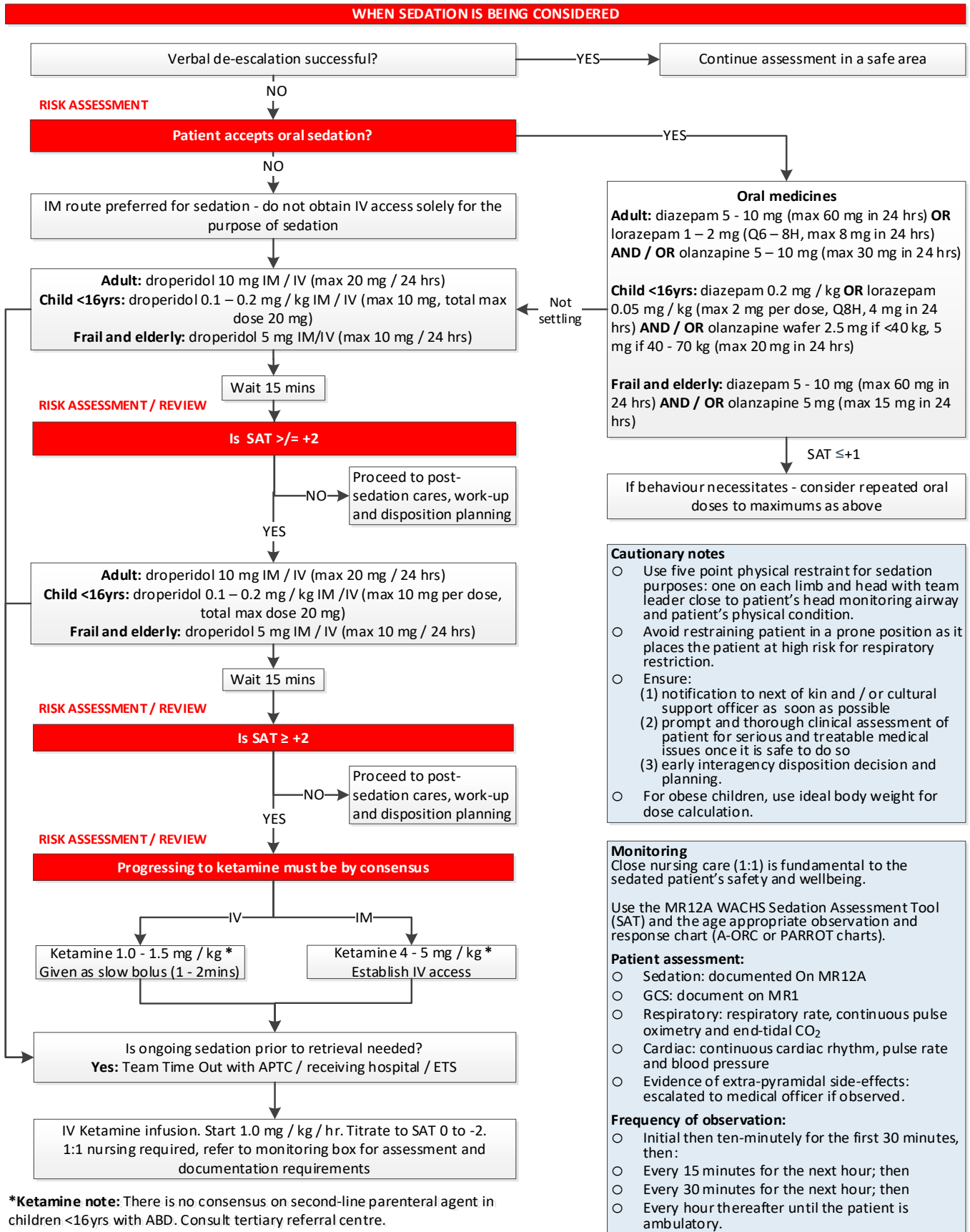
There are several ABD support tools provided with this guideline. They include:

- [Tool 1: ABD – General information](#)
- [Tool 2: ABD – Legal framework and restrictive practices](#)
- [Tool 3: ABD – Assessment](#)
- [Tool 4: ABD – De-escalation](#)
- [Tool 5: ABD – Sedation](#)
- [Tool 6: ABD – Disposition planning and considerations](#)
- [Tool 7: ABD – Supporting staff and case review.](#)

WACHS also provides a flowchart to assist with management of the patient requiring sedation for ABD. Refer to the WACHS Sedation for ABD flowchart on the next page.

WACHS Sedation for Acute Behavioural Disturbance (ABD) flowchart

For use in conjunction with the WACHS Managing Acute Behavioural Disturbance in Emergency Departments Guideline and the MR12A WACHS Sedation Assessment Tool (SAT)



3. Roles and Responsibilities

All staff are required to work within their scope of practice, level of training and in line with our policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Monitoring of adherence and any variation from the recommended clinical practice in this guideline will be conducted via the following activities:

- trended analysis of related clinical incidents reported via the Datix Clinical Incident Management System (Datix CIMS)
- trended analysis of consumer feedback reported via the Datix Consumer Feedback Module (Datix CFM).

Biannual review of aggregate data analysis from the safety reporting systems (Datix CIMS / CFM) pertaining to incidents related to the management of acute behavioural disturbance in the ED are to be at a minimum reported at the local Clinical Governance Committee.

4.2 Evaluation

This guideline will be reviewed in collaboration with key stakeholders including the Emergency Medicine Leadership Group (EMLG) and the Emergency Nurses Advisory Forum (ENAF) as required, to determine effectiveness, relevance and currency. This will be facilitated by the policy review contact.

5. Compliance

Guidelines are designed to provide staff with evidence-based recommendations to support appropriate actions in specific settings and circumstances. As such, WACHS guidelines should be followed in the first instance. In the clinical context, where a patient's management should vary from an endorsed WACHS guideline, this variation and the clinical opinion as to reasons for variation must be documented in accordance with the [Documentation Clinical Practice Standard](#).

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

1. Australian and New Zealand College of Anaesthetists [Internet] [PG63\(A\) Guideline for Safe Care for Patients Sedated in Health Care Facilities for Acute Behavioural Disturbance](#) Australian and New Zealand College of Anaesthetists (ANZCA), Australasian College for Emergency Medicine (ACEM), College of Intensive Care Medicine (CICM) and the Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2019 [Accessed: 14 March 2024]
2. Safer Care Victoria [Internet] [Caring for people displaying acute behavioural disturbance – clinical guidance to improve care in emergency settings](#). January 2021 Melbourne VIC [Accessed 14 March 2024]

7. Definitions

Term	Definition
Behavioural disturbance	The combined physical actions made by an individual which are in excess of those considered to be contextually appropriate and judged to have potential to result in significant harm to the individual themselves, other individuals or property. Acute behavioural disturbance is characterised by a rapid onset and severe intensity. Often the behaviour is considered not to be under the voluntary or legally competent control of the individual. ¹

8. Document Summary

Coverage	WACHS wide
Audience	Medical officers and nurses working in WACHS Emergency Departments
Records Management	Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Guardianship and Administration Act 1990 (WA) • Mental Health Act 2014 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • Consent to Treatment Policy - MP 0175/22 • Consent to Treatment Procedure • Clinical Incident Management Policy 2019 - MP 0122/19
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Alcohol, Tobacco and Other Drugs Clinical Practice Standard • Assessment and Management of Interhospital Patient Transfers Policy • Documentation Clinical Practice Standard • Work Health and Safety Policy • Recognising and Responding to Acute Deterioration Procedure • Restraint Minimisation Policy • Staff Support Post-Critical Incident Guideline
Other Related Documents	<ul style="list-style-type: none"> • Capacity Australia A guide for Health Care Professionals in WA • WACHS ABD Tool 1: General information • WACHS ABD Tool 2: Legal framework and restrictive practices • WACHS ABD Tool 3: Assessment • WACHS ABD Tool 4: De-escalation • WACHS ABD Tool 5: Sedation • WACHS ABD Tool 6: Disposition planning and considerations • WACHS ABD Tool 7: Supporting staff and case review • WACHS De-escalation Techniques Resource • OCP WA Information for Referring Practitioners • WA Health WA-Hierarchy-of-Treatment-Decision-Makers

<p>Related Forms</p>	<ul style="list-style-type: none"> • MR1 WACHS Emergency Department Notes • MR12A WACHS Sedation Assessment Tool (SAT) • MR140A WACHS Adult Observation and Response Chart (A-ORC) • MR140H Paediatric Acute Recognition and Response Observation Tool (PARROT 5-11 Yr) • MR140i Paediatric Acute Recognition and Response Observation Tool (PARROT 12+ Yr) • MR170.8 WA Agitation and Arousal PRN Medication Chart • Safety Risk Report Form
<p>Related Training Packages</p>	<p>Nil</p>
<p>Aboriginal Health Impact Statement Declaration (ISD)</p>	<p>ISD Record ID: 3156</p>
<p>National Safety and Quality Health Service (NSQHS) Standards</p>	<p>1.07, 1.10c, 1.10e, 1.11a, 1.11b, 1.15b, 1.30, 2.06, 2.10, 4.04, 4.13, 4.15, 5.33, 5.34, 5.35, 6.04b, 6.04c, 6.08, 6.09, 8.04 - 8.06, 8.08 – 8.13.</p>
<p>Aged Care Quality Standards</p>	<p>Nil</p>
<p>Chief Psychiatrist's Standards for Clinical Care</p>	<p>Standard: Risk Assessment and Management Standard: Seclusion and Bodily Restraint Reduction</p>

9. Document Control

Version	Published date	Current from	Summary of changes
7.00	30 April 2024	30 April 2024	<ul style="list-style-type: none"> change of title aims for the least restrictive approach now applicable to all ages flowchart updated and incorporates use of ketamine; relocated from appendix to body of document 7 tools developed for assessing and managing ABD, including a 'Use of restrictive practices' clinical decision support tool (linked within Tool 2).
7.01	7 May 2024	30 April 2024	<ul style="list-style-type: none"> Correction to title on document.
7.02	8 May 2024	30 April 2024	Minor amendment: <ul style="list-style-type: none"> Hyperlinks updated in Other Related Documents section for ABD Tools 4 and 5.

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Executive Director Nursing and Midwifery Services
Contact	WACHS Clinical Director Emergency Medicine
Business Unit	Clinical Excellence and Medical Services
EDRMS #	ED-CO-14-5541
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